

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** EMPOWERMENT OPTIONS AFH (0009645)  
**Address:** 3045 COLLEEN DR, GREEN BAY, WI 54311  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/11/2002  
**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0094847      **End Date:** 05/04/2005      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007150    Served 05/21/2005

Deficiencies Cited

88.05(4)(d)2.a

88.10(3)(a)

Subject Area

FIRE SAFETY EVACUATION PLAN REVIEW

FAIR TREATMENT

Compliance  
Verified

Corrected

**Survey ID:** 0091461      **End Date:** 10/24/2003      **Type:** OTHER      **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

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For the period 07/01/2003 to 06/30/2006  
Adult Family Home

<b>Enforcement History</b>
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**Date:** 05/20/2005      **SOD #**10007150      **Appealed:** No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

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Adult Family Home

<b>Complaint History</b>
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**Date Complaint Received: 04/25/2005**

**Date Investigation Completed: 05/09/2005**

Subject Area(s)

SUPERVISION

RESIDENT RIGHTS

PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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